

Department of the Interior U.S. Fish and Wildlife Service

Expires (2/28/01) OMB No. 1018-0094

FEDERAL FISH AND WILDLIFE LICENSE/PERMIT APPLICATION FORM

RETURN TO:

Type of Activity:

3-200-56 NATIVE ENDANGERED AND THREATENED SPECIES - INCIDENTAL TAKE

Α.	COMPLETE IF	APPLYING AS AN IND	IVIDUAL	3	
1. Name:			The state of the s		
2. Street address:	3. County:				
4. City, State, Zip code:		The period to the lo	he uppered by	the property at	
5. Date of birth:	6. Social Security No.:	7. Occupation:			
8. List any business, agency, organi	izational, or institutional affiliation asso	ciated with the wildlife to be cov	ered by this license or	r permit:	
9. Home telephone number:	10. Work telephone number:	11. Fax number:	12. E:mail address:		
B. COMPLETE IF A	PPLYING AS A BUSINESS,	CORPORATION, PUBL	IC AGENCY O	R INSTITUTION	
1. Name of business, agency or ins	2. Tax identification no.: 35-0936102/0				
3. Street address: PO Box 6	4. County: Lake				
5. City, State, Zip code: Gary,	IN 46401-0486	46410	ille, Indiana	A State Vip mile Merrilly	
6. Describe the type of business, ag	gency, or institution: Municipal	Water Utility	de Endencero	high seemburn to sout out order	
7. Name and title of person respon	sible for permit (president, principal off		las Mitchem,	V.P. Operations	
8. Home telephone number:	9. Work telephone number: 314-996-2357	10. Fax number: 314-432-7824	11. E:mail address: dmitchem@amwater.com		
C. Can and	ALL APPLIC	CANTS COMPLETE			
Do you currently have or have If yes, list license or permit num	you had any Federal Fish and Wildlife I	License or Permit? Yes	No K	s year conjectly have or howe you	
	d state or foreign government approval	to conduct the activity you propo	ose? Yes No No	Not required	
Enclose check or money order Institutions which qualify under	payable to the U.S. FISH AND WILDI er 50 CFR 13.11(d)(3) may be exempt f	LIFE SERVICE in the amount of from fees.	f \$25.	entrologica de la composition della composition	
4. ATTACHMENTS: Complete t	the additional pages of this application. ete applications may be returned.		ed complete without the	hese pages.	
5. CERTIFICATION: I hereby Regulations and the other applical application for a license or permit	certify that I have read and am familiar ble parts in subchapter B of Chapter I of is complete and accurate to the best of all penalties of 18 U.S.C. 1001.	f Title 50, and I further certify th	at the information sub	omitted in this	
6. Signature (in ink) of applicant of	person responsible for permit in Block	k A or B	7. Date: 4/18/	105	

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RETURN TO:

Type of Activity:

3-200-56 NATIVE ENDANGERED AND THREATENED SPECIES - INCIDENTAL TAKE

	COMPLETE IF	APPLYING AS AN IND	IVIDUAL		
Name:	TVA VAN HABIARDINYT	OMPLETE HE APPLYING			
Street address:	3. County:				
County					
City, State, Zip code:					
. Date of birth:	6. Social Security No.:	7. Occupation:			
. List any business, agency, organ	izational, or institutional affiliation asso	ciated with the wildlife to be cov	ered by this license or	r permit:	
		and stow however, containing a term	neizabonal or institution	300	
. Home telephone number:	10. Work telephone number:	11. Fax number:	12. E:mail address:		
-					
B. COMPLETE IF A	APPLYING AS A BUSINESS,	CORPORATION, PUB	LIC AGENCY O	R INSTITUTION	
. Name of business, agency or in	oany	2. Tax identification no.: 350552990			
3. Street address: 004 Fact 1	4. County: Lake				
801 East	86th Avenue	edison Street	MARA 650 M	Edito	
5. City, State, Zip code: Merril	Ilville, Indiana 46410	5.2	0-1000 HI 3	180	
6. Describe the type of business, a	agency, or institution: Electric and	d Natural Gas Utility	sgency, or institution,	A Describe the type of business,	
7. Name and title of person respon	nsible for permit (president, principal of	ficer, director, etc.): Ronald	J. Ragains, D	Director, Construction	
8. Home telephone number:	9. Work telephone number:	10. Fax number:	11. E:mail address:		
6. Home telephone number.	219-938-7698	219-938-7694	RJRagain	s@NiSource.com	
C.	ALL APPLI	CANTS COMPLETE		۵	
Do you currently have or have	you had any Federal Fish and Wildlife	License or Permit? Yes	No 🛮	Do you cancedly have or laws if yes, list license or on one of its	
If yes, list license or permit nu		a of bullege of laying a batter	Vas □ No	Not required N	
Have you obtained any require If yes, provide a copy of the li	ed state or foreign government approval cense or permit.	to conduct the activity you prop	oose? Tes — No	— Not required	
3 Enclose check or money orde	r payable to the U.S. FISH AND WILD der 50 CFR 13.11(d)(3) may be exempt	LIFE SERVICE in the amount of from fees.	of \$25.		
4 ATTACHMENTS: Complete	the additional pages of this application.	Application will not be conside	red complete without	these pages.	
Incomp	plete applications may be returned.	trope of drag galance	and the desired		
Regulations and the other applic	by certify that I have read and am familia able parts in subchapter B of Chapter I of it is complete and accurate to the best of anal penalties of 18 U.S.C. 1001.	of lifte 50 and I further certify i	nat the information se	omitted in dis	
	t or person responsible for permit in Blo	ck A or B	7. Date:	A COLUMBIA	
(Da 00	r Sugan		apri	129,2005	
Form 3-200-56 Rev. (2/98)	7.			,	